

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>DS</i>		<i>09/15/00</i>
<b>O.I.P.E. CLASSIFIER</b>		44	9/10/00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			
			<i>SB 59222 10-16-00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	—	—	—
5	0	—	—
6	0	✓	✓
7	0	✓	✓
8	0	✓	✓
9	0	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	J	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	J	✓	✓
16	✓	—	—
17	0	—	—
18	0	✓	✓
19	0	✓	✓
20	0	✓	✓
21	0	✓	✓
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here